



Bib Data Sheet


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** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Verified and <i>Mal</i> Acknowledged <i>MB</i> Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 30
			INDEPENDENT CLAIMS 3	
ADDRESS 020067				
TITLE Smart medical connector system and method of use				
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	